

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10615391**

FILING DATE **3-31-04**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51		1						
2		1					52		1						
3		1					53		1						
4		3					54		1						
5		3					55		1						
6		3					56		1						
7		3					57		1						
8		3					58		1						
9		3					59		1						
10		3					60		1						
11		3					61		1						
12		3					62		1						
13		3					63		1						
14		3					64		1						
15		1					65		1						
16		1					66		1						
17		1					67		1						
18		1					68		1						
19		1					69		1						
20		1					70		1						
21		1					71		1						
22		1					72		1						
23		1					73								
24		1					74								
25		1					75								
26		1					76								
27		1					77								
28		1					78								
29		1					79								
30		1					80								
31		1					81								
32		1					82								
33		1					83								
34		1					84								
35		1					85								
36		1					86								
37	1						87								
38		1					88								
39		1					89								
40		3					90								
41		3					91								
42		3					92								
43		3					93								
44		3					94								
45		3					95								
46		3					96								
47		3					97								
48		3					98								
49		3					99								
50		3					100								
TOTAL IND.	1						TOTAL IND.	2							
TOTAL DEP.		114					TOTAL DEP.		114						
TOTAL CLAIMS							TOTAL CLAIMS		116						

72  
44

6